

Suffolk Police Department
Forensic Junior Camp Application and Emergency Information

PARTICIPANT'S NAME: _____
DATE OF BIRTH: _____ AGE: _____ SEX: _____
ADDRESS: _____ CITY: _____
ZIP: _____ PHONE: _____
SCHOOL: _____ GRADE: _____
MOTHER'S NAME: _____
FATHER'S NAME: _____
WORK PHONE: _____ CELL PHONE: _____
T-SHIRT SIZE: _____ (youth sizes S-XL, unless otherwise requested here)

This constitutes our application and consent that the above named minor may participate in the recreational program sponsored by the Suffolk Police Forensics Unit. We understand and acknowledge that recreational programs may involve risk of injury to participants, including injury from bodily contact with other participants and/or other risks inherent in the activity. The undersigned further agrees that the City will not be held responsible for any such injuries, not involving fault or negligence of the City.

If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duty licensed physician as the physician deems advisable, and the undersigned will be responsible for any such medical care or treatment rendered.

DATE: _____

(Parent or Guardian)

In case of any emergency, and we cannot contact you, please list two people that we may contact other than yourself.

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

The local hospitals require the following information to treat your child in case of an emergency:

INSURANCE CO: _____ POLICY #: _____
NAME OF INSURED: _____
NAME OF PERSONAL PHYSICIAN: _____
PHONE: _____
ANY ALLERGIES? IF YES, PLEASE LIST: _____
ANY RECENT ILLNESSES? PLEASE EXPLAIN: _____
CURRENT MEDICATIONS: _____

List two individuals that have permission to pick up your child:

NAME: _____ ADDRESS: _____
PHONE: _____
NAME: _____ ADDRESS: _____
PHONE: _____

NOTE: If your child is to be picked up by a person other than listed above, we MUST have written, signed instructions from the parent or guardian.